	MULTIPLE DEPENDENT CLAIM								TERRIT NO PLEASE DITE							
1	IAT OT	SE V.	r DRE	TWDE	MI CI		1		E11	102.	[
1	FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)									10)551483						
<u> </u>				- CIUN	110-8	/ 3) ·	<u> </u>	سب.	· (*)		<u>. </u>					
		<u></u>					CLAIMS							<u> </u>		
	AS I	AS FILED		AFTER		AFTER		·		AS FILED		AFTER MANDONDO		AFTER		
1	IND. DEP.			IND. DEP.		TATO CONTO								THE STATE OF THE S		
ī		-	-	DEF.	IND.	DEP.	-		IND.	DEP.	IND.	DEP.	IND.	DEP.		
2			1	1			l -	51 52					· ·			
3	!						▎▕ႃ	53.			!					
4.	 							54								
6	-						· ·	55 ·								
7							_	56								
9								57 58								
10								59 -								
11						·	· ·	60								
12								<u>ങ.</u> ഓ								
13							·	8								
15				4-1			,	64								
16			 -	+-1	 		<u> </u>	65			•					
17				1			<u> </u>	66 57								
18 19							`	58						•		
20				+				9								
.21							· ·	0								
$\frac{n}{2}$							7						-			
24							7.									
25							7.		_							
26 .							75			-		 -				
27							76									
29							78			-						
30						\Box	79		_	- - -	- -					
31							80							\dashv		
32						-	81						- -			
34						-	83	-			-					
35		-					84	+	- -							
36			 				85	1	- -				-			
37				- -		_	86	I				-		<u></u>		
38 .							87			二二				-		
39 . 40				二二			88	+								
41						_]	90	1	_	<u> </u>				_ -		
42			_		-	-1	91.							┥.		
43						-	. 92	_				1	-	-1		
4 /	-				_	\dashv	94	 								
45		- -				7	95									
67				4_	I		96	1	- 	- -		- -	_ _	\Box		
18	+	-				_	97					- -	- -	-		
19		1-		-}			98				7	- -	-			
			-	-	-	-	99						1	-1		
er crr	1	八下	1	7	1	\exists	TOTAL	<u> </u>								
TAL Dr.		· · · ·	٠, ٦	-	- '	1	DCA.] 4		1	4.	1	刀.		
THE	- Kasa		-		-		DER.		_	. [_				
thes .		ai	7				TOTAL			#	€		10000			
							ansa	<u> </u>								